



Three Methods to Submit Your Application:

Mail: TS Distributors - Credit Dept
P.O. Box 431133,
Houston, TX 77243
Fax: 832-467-5455

For Questions About Your Application 832.467.5400

email: creditapplication@tsdistributors.com

Application for Credit

Company Name _____ EIN # _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

P.O. Box _____ City _____ State _____ Zip _____

We are in the business of _____

As a ___ Corporation, ___ Partnership, ___ Proprietorship. Under present ownership since: _____

Principals/Officers

Name _____ Title _____

Social Security # (not required if business is a corporation): _____

Name _____ Title _____

Social Security # (not required if business is a corporation): _____

Approximate Monthly Credit Requirements \$ _____

Do you require Purchase Orders? _____ Yes _____ No

Please describe any other special requisition requirements: _____

Bank References

By listing their names, you authorize us to contact them for the purpose of obtaining your credit status.

Principal Business Bank _____ Telephone # (_____) _____

Address _____ Fax # (_____) _____

City _____ State _____ Zip _____

Officer _____ Type of Acct. _____ Account No. _____

Other Business Bank _____ Telephone # (_____) _____

Address _____ Fax # (_____) _____

City _____ State _____ Zip _____

Officer _____ Type of Acct. _____ Account No. _____



Credit References PLEASE LIST ACCOUNTS ONLY.

BY LISTING THEIR NAMES, YOU AUTHORIZE US TO CONTACT THEM FOR THE PURPOSE OF OBTAINING YOUR CREDIT STATUS.

Name _____
Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

***BY LISTING THE NAMES ABOVE, YOU HAVE AUTHORIZED US TO CONTACT THEM FOR THE PURPOSE OF OBTAINING YOUR CREDIT STATUS.**

Terms

Entire Payment due in 30 days unless otherwise stated. Past due accounts are subject to interest charges, collection fees, court, and legal fees. (I) We understand, acknowledge, and accept the terms of sale and certify that the information given herein is true and correct.

Company Name _____

Signature _____ Title _____

Print Name _____ Date _____

Guarantee

In consideration of TS Distributors, Inc. extending credit hereunder, the undersigned, jointly and severally, and unconditionally guarantee and promise to pay TS Distributors, Inc., on demand any and all indebtedness of the above named applicant to TS Distributors, Inc.. This is a continuing guarantee, and the obligations created hereby are unaffected by any change in terms of the original indebtedness between TS Distributors, Inc. and the above named applicant save that of payment.

Signature _____ Social Security # _____



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PRIVACY RELEASE

I/We have made application to TS Distributors, Inc. to be established as a customer for the product lines they distribute and requested service on an open account basis.

In this regard, I/We authorize the firm to investigate the references submitted pertaining to my/our credit and financial responsibility.

Company: _____

Address: _____

City/State/Zip: _____

Authorized Signature: _____

Print Name/Title: _____

Date: _____

Please return this form with your credit application.
